CHAPTER 1: Introduction

Policy: The current Multipurpose Senior Services Program (MSSP) Site Manual must be available either electronically or in hard copy to provide Multipurpose Senior Services Program (MSSP) site staff with requirements relevant to the program's federal Home- and Community-Based Waiver authority and the California Department of Aging (CDA) Interagency Agreement (IA) with the single State Medicaid agency, the Department of Health Care Services (DHCS).

Purpose: The Manual is a compendium of MSSP policies and procedures. The Manual is designed to provide information in a usable, accessible format to assist staff in carrying out local program operations on behalf of the MSSP clients.

References:

- Social Security Act, Title XXI, Section 1915(c).
- Code of Federal Regulations, Title 42, Volume 3, Chapter IV, Section 440.180.
- Welfare and Institutions Code 14132(t).
- Home- and Community Based Services Waiver #0141.R04.00
- CDA Standard Agreement (Site Contract).
- California Code of Regulations, Division 3, Chapter 3, Article 4, Section 51346.
- Interagency Agreement between DHCS and CDA.

1.000 Overview of MSSP

The objective of MSSP is to avoid premature placement of persons in nursing facilities, while fostering independent living in the community. MSSP provides services to eligible clients enabling them to remain in or return to their homes. Services must be provided at a cost lower than that for nursing home placement.

1.100 Enabling Legislation

In 1977, the California Legislature authorized the Multipurpose Senior Services Project as a four-year research and demonstration project. The objective of the project was to obtain information on cost-effective methods of preventing inappropriate institutionalization of elderly persons.

The Torres-Felando Long Term Care Reform Act of 1982 (Chapter 1453) provided for the conditional continuation of MSSP beyond its sunset of June 30, 1983.

The program would thereafter be an ongoing program as long as it proved cost-effective and the State could obtain federal authority to fund the program through a Medicaid Home- and Community-Based Care Waiver. The authorizing State legislation is contained in California Welfare and Institution Code, Section 9560 et seq.

1.200 The Waiver

The 1981 Omnibus Budget Reconciliation Act added Section 1915(c) to the Social Security Act. This provision allows the Secretary of the U.S. Department of Health and Human Services (DHHS) to waive certain requirements to allow states to cover a wide range of home- and community-based (HCB) services to persons who would otherwise need institutional care. These waivers allow states to provide services beyond those in their Medicaid State Plan. Federal statutory requirements for Medicaid that may be waived include:

- Statewide, which requires that services be available throughout the state.
- Comparability, which requires that all services be available to all eligible individuals. (Certain categories of eligible persons may be targeted for waiver services including elderly, disabled, developmentally disabled and individuals who have specific illnesses such as AIDS).
- Income and resource rules, which require states to use a single income and resource standard when determining eligibility for Medicaid, with the exception of institutional care. A waiver of this last requirement allows states to use more generous institutional eligibility criteria when determining financial eligibility for waiver services, thus extending eligibility to individuals in the community who would not otherwise qualify for Medicaid.

One condition of waiver approval is that services must be a cost effective alternative to the institutional level of care that would have been required. States must also assure the health and safety of waiver participants.

In FY 1983-84, the first year of the Waiver, there were eight sites serving a caseload of 1,900 clients. In FY 1984-85, the Waiver's second year, the caseload increased to 3,400 clients and the number of sites expanded by ten for a total of eighteen. On January 1, 1985, administration of MSSP was transferred from the California Health and Welfare Agency (now the California Health and Human Services Agency) to CDA. In FY 1985-86, the client caseload increased to 5,400 and four new sites were added for a total of twenty-two.

For FY 1986-87, California received a one-year extension of the Waiver, which authorized the MSSP to operate at the same caseload level and number of sites as approved for 1985-86.

A new three-year Waiver was authorized for the FYs 1987-88, 1988-89 and 1989-90. This three-year Waiver expanded the annual caseload size to 6,000, and the number of sites remained constant at twenty-two. Extensions to this waiver were granted for FYs 1991-92, 1992-93 and 1993-94. A five-year Waiver was authorized for FYs 1994-95 through 1998-99. The next round of growth occurred in FY 1998-99 when the number of sites increased to 35 and the number of slots to 9,300.

The latest expansion occurred in FY 2000-01, increasing the number of sites to 41 and the number of slots to 11,789. In 2000, CMS revised its rules, permitting Medicaid payment for care management costs incurred while assisting nursing facility (NF) residents to transition from the facility into the community. In response to this opportunity, CDA submitted a request for a waiver amendment to implement these changes. This amendment made it possible for MSSP sites throughout the state to begin assisting NF residents with discharge planning toward the goal of moving out of the facility and into community living situations.

The latest five-year renewal of the waiver was approved for FYs 2009-10 through 2013-14.

1.300 Program Operations

Section 1915(c) of Title XXI of the Social Security Act permits states to request waivers of federal law in order to provide certain services to persons at home or in the community as a cost-neutral alternative to institutionalized health care. CMS approves and oversees these agreements, granting the waivers to each state's designated Medicaid (Medi-Cal in California) agency. In California, this designated State agency is the Department of Health Care Services (DHCS).

The MSSP waiver, one of several waivers administered by DHCS, is implemented by CDA under the supervision of DHCS through an Interagency Agreement (IA). Within DHCS, oversight of MSSP is shared by the Long-Term Care Division (LTCD) and the Medi-Cal Benefits, Waiver and Rates Division (BWARD). LTCD is responsible for programmatic monitoring and oversight reviews. BWARD ensures overall technical/programmatic compliance and correctness of the IA, and serves as the central point of contact for CMS.

Within the California Department of Aging, the MSSP Branch is the unit responsible for reviewing and monitoring the local sites' compliance with the program contract. The MSSP Branch oversees program and administrative elements of local site operation through policy directives, technical assistance, complaint investigation, and formal Medi-Cal Utilization Reviews (UR). The CDA Audit Branch conducts fiscal audits of local sites every three years at a minimum.

Following State contracting requirements, CDA contracts with local government and private nonprofit agencies to administer the program locally. These local sites represent a wide variety of service delivery agencies and geographic areas with diversified client populations. Each site is an administratively separate entity within its host agency. MSSP sites provide care management services which can include purchasing waiver services to establish a safety framework for clients to continue to live independently in their home.

Care Management is the cornerstone of MSSP. It involves the coordination of existing community resources which provide the services required to enable clients to continue living at home. MSSP care management includes client assessment, care planning, service arrangement and client monitoring. A team of health and social service professionals evaluates each client, commencing with a complete health and psychosocial assessment to determine the services needed. The team then works with the client and family to develop an individualized care plan. Site care management staff will first explore informal support that might be available through family, friends and the voluntary community when arranging services. Staff then review existing publicly funded services and, whenever possible, make direct referrals. If needed services are not available through friends, family and other programs, the care management team can authorize the purchase of waiver specified services from program funds.

1.400 Organization of This Manual

This Manual consists of two sections: Text and Appendix.

- The Text section:

  This section provides policy direction for casework and specified elements of site operation.

- The Appendix section:

  This section contains a variety of items including background information, reference sources, and casework forms (e.g., application, assessments, and notice of action). The forms in this section are presented in a minimized format and not intended for use in this format. The intent in this section is to provide a picture of what the form looks like.

NOTE: The Forms section of this manual has been converted to an electronic format. Electronic copies of all MSSP forms are located on the Secure File Transport site. Sites may reproduce the documents on their letterhead. The information contained in CDA mandated forms (Section 5.800 Case Documents) may not be altered without CDA approval.